

SECTION 1

I read the information contained in the General Consent Form. Any questions I had were answered to my satisfaction. I give permission to the staff and consultants of the _____ to perform examinations, conduct laboratory and other tests and give injections, medications and other treatments, and render health services to me or the person named on this record for whom I am authorized to make this request.

SECTION 2

In addition to the above, I certify that the person having the power to consent cannot be contacted and has not previously indicated any objection to the services requested.

Date/Initials			
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SECTION 3

Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signature

Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signature

Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signature

MASTER INDEX/SHORT TERM RECORD

Name _____ DOB _____ Sex _____

Mailing Address _____

Client # _____ Phone # _____

Father/Husband _____ Mother _____

Mother's Maiden Name _____

Type of Record	Date Opened	Where Filed	Date Closed

